

RESIDENTIAL

ADDITIONS

DECK

BARN

GARAGE

Town of Brookfield

Procedure for Obtaining a Building Permit

****PLEASE READ CAREFULLY****

Failure to comply with these requirements will delay the review of your application.

The Permit Application documents must be completed in ink or typed. The following is a list of the documents and information that must be submitted in order to process your application. The Land Use Office staff will ensure that the materials are distributed to each of the Land Use departments for review.

Residential Additions, Decks, Barns, Garages Document Checklist

- Tax Collector Sign-off
- Copy of Wetlands permit or Subdivision Wetlands permit if work is within 75' of a wetland or 100' of a body of water or 200' from the Still River, Candlewood Lake or Lake Lillinonah
- 2 Site Plans with building setbacks and location of well and septic system clearly marked.
- 2 Sets of Building Plans with Architect or Engineer's stamp (if applicable)
- Re-inspection fee acknowledgement
- Completed Residential Application Preliminary Zoning Request
- Workers' Compensation affidavit signed and dated (and notarized if applicable)
- Letter of Authorization from property owner
- Combustion calculation sheet (New Homes, Finished Basements, Water Heater Replacements, Boilers, Furnaces)
- Completed Building Application
- Water Pollution Control Authority Review Sheet
- Res Check (if applicable)
- Contractor's license and proof of insurance
- Limitation of Appeals on Certificates of Zoning Compliance
- Fees (includes Certificate of Zoning Compliance fee, Health Plan review fee, Building Permit fees, Certificate of Occupancy or Approval fee, Building State fee). A schedule of building fees is available separately.

For Electrical Work:

- Code Compliance Sheet signed and dated

Building Permit # _____

Activity #: _____

TOWN OF BROOKFIELD DEPARTMENT APPROVAL CHECKLIST

Property UID# _____

Property Address: _____

Project Description: _____

Applicant: _____ Phone #: _____

Owner of Record: _____ Phone #: _____

Subdivision Name: _____ Developer's Lot # _____

The applicant is responsible for obtaining all required signatures

Department	Approved By:	Date	Comments/Stipulations
1. Tax Collector			
2. Historic District 775-2538			
3. Candlewood Shores 775-1172			
4. Public Works Dept.			
5. Inland Wetlands			
6. Zoning			
7. Health Department			
8. WPCA			
9. Fire Marshal			Read & Sign Review Sheet
10. Building Dept.			

FINAL APPROVALS

1. Historic District 775-2538			
2. Inland Wetlands			
3. Zoning Compliance Certificate			
4. Health Dept			
5. WPCA			
6. Fire Marshal Final Inspection			

**** The Building Dept., will schedule a final inspection after receipt of this completed checklist and a request for a final inspection. ****

7. Building Dept.** Final Inspection			
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**Town of Brookfield
Land Use Office
100 Pocono Rd.
Brookfield, CT 06804**

ATTENTION PERMIT HOLDER

****It is the responsibility of the permit holder or agent to call for inspections (minimum 24 hours in advance). The permit holder is responsible for all construction for that project. An oversight of code requirement(s) during plan review does not relieve you of your responsibility for compliance. During inspections, you may be required to make changes to insure that the current building & fire codes are satisfied.****

- Per Chapter 127 of the Brookfield Code of Ordinances:

Building Inspections which result in a failure will incur an additional \$25.00 fee for each reinspection.

All reinspection fees shall be due and payable prior to the issuance of a Certificate of Occupancy.

- Per Chapter 242 of the Brookfield Code of Ordinances:

Site Stabilization Inspections which result in a failure will incur an additional \$25.00 fee for each reinspection.

All reinspection fees shall be due and payable prior to bond release.

I acknowledge that per the Brookfield Code of Ordinances, I will be responsible for reinspection fees as outlined above. I also understand that it is my responsibility to call for inspections of the project.

Applicant/Agent signature

Date



TOWN OF BROOKFIELD

Activity # _____

**RESIDENTIAL APPLICATION
PRELIMINARY ZONING REQUEST**

APPLICATION DATE: _____

PROPERTY I.D. # _____

APPLICANT/AGENT:Name: _____
Address: _____
Zip: _____Contact Name: _____
Phone #: _____**LANDOWNER OF RECORD:**Name: _____
Address: _____
Zip: _____Contact Name: _____
Phone #: _____**PROJECT DESCRIPTION:**

--

SITE DATA:Street Address: _____ Zone: _____ Has a variance been granted on this property? Yes [] No []
Subdivision Name: _____ Conservation Subdivision? No [] Yes []
Acres: _____ Lot Size: (Multiply acres by 43,560 sq. ft) = Square Feet:

COVERAGE:**INSTRUCTIONS**

Item	Square Feet
House	_____
Deck	_____
Porch	_____
Garage	_____
Shed	_____
Pool	_____
Other	_____
New Construction	_____

1. Enter actual **FIRST FLOOR** square footage **ONLY** from Site Plan drawings or Tax Assessor's Field Card.

If there is no change in foot print, note this in the space below and proceed to Proposed Setbacks.

Total square footage: _____

2. Total all of the above square footages.

PERCENT LOT COVERAGE:

3. Divide Total Square Footage by Lot Size in square feet . Multiply the result by 100 to calculate Percent of Lot Coverage.

BUILDING HEIGHT:

4. Enter Building Height: Distance from the front finished grade to a point midway between the highest point of the roof and an uninhabited attic floor.

PROPOSED SETBACKS:

5. Enter setbacks from site plan below. 6. Indicate setbacks on site plan.

Center of Road	Rear Yard	Right Side Yard	Left Side Yard

I represent that this information is current, accurate and complete and that all the work has been completed in accordance with ordinances, regulations, building and health codes. I agree that any information that is determined to be false, or misleading will be subject to fines and penalties set by regulation, code or statute.

I certify that I am the designated agent for this project

Signature: _____

Applicant

OR

Signature: _____

Property Owner

INSTRUCTIONS FOR ZONING AND WETLANDS APPROVAL APPLICATION

I. FORM COMPLETION: In obtaining the required information, please be guided by the following:

"Zoning District" Refer to Zoning District Map or Assessor's Card

"Subdivision Name:" Refer to Planning Commission's Subdivision Map

"Subdivision Lot #:" Same as above

"Conservation Subdivision:" Same as above

"Permitted Use:" Refer to Zoning Regulation Section 242-401 for residential uses or Section 242-501, Table 1 for commercial and industrial uses.

"Acres:" Refer to Assessor's cards, Subdivision Maps, or Land Records (Town Clerk)

"Setbacks:" If an addition or renovation is involved, the setbacks to be shown are for the **entire structure after the renovation work has been added**, not merely for the added portion.

II. REQUIRED DOCUMENTATION: Check below which documents accompany this application

PREEXISTING LOTS:

- ☐ If the lot existed prior to a rezoning action, provide prior zone designation and prior approval date.
- ☐ If lot existed prior to 6/15/60, the initiation of Zoning, attach a statement and justification that the lot is considered a "legal, preexisting lot."

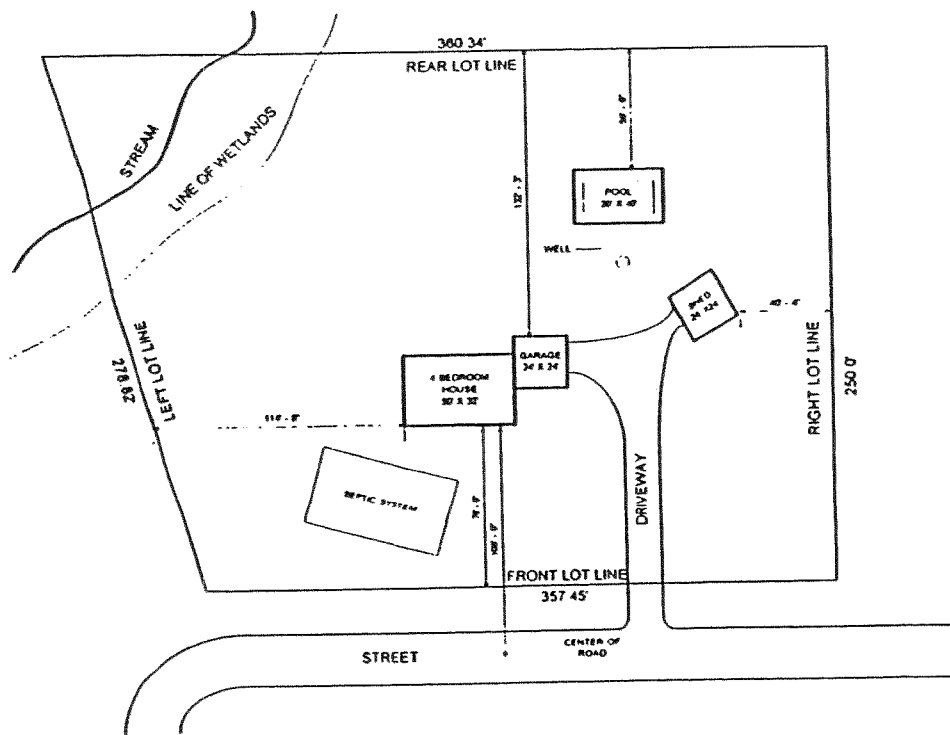
NEW BUILDING CONSTRUCTION: Provide the following

- ☐ A certified, surveyed plot plan showing the proposed and existing structures, all setbacks, property lines with dimensions, wetlands and watercourses, zoning district designations and lot area.
- ☐ House plans including elevations to indicate building height.
- ☐ Copy of Subdivision map and Inland Wetlands approval

ADDITIONS, SHEDS, AND POOLS: Provide the following:

- ☐ A plot plan, to scale, minimum 8 1/2' x 11' sheet, including lot outline and dimensions existing and proposed structure locations, all setbacks, building height, locations of: wells, septic systems and reserve areas.

SAMPLE PLOT PLAN



STATE OF CONNECTICUT
WORKERS' COMPENSATION COMMISSION

Building Permit Affidavit for Property Owners or Sole Proprietors
(Conn. Gen. Stat. § 31-286b)

Property located at _____

In the town of _____

Name of building permit applicant: _____

Please check one:

1. ☐ I am the owner of the above property.
2. ☐ I am the sole proprietor of a business.

2A. Name of business _____

2B. Federal Employer Identification Number (FEIN) _____

.....
Pursuant to § 31-286b, "a property owner or sole proprietor [who] intends to act as a general contractor or principal employer" may provide either a certificate of workers' compensation insurance or a "sworn notarized affidavit... stating that he will require proof of workers' compensation insurance for all those employed on the job site in accordance with this chapter."

Please check one:

1. ☐ I do not intend to act as a general contractor or principal employer.
[Sign and stop here]

Signature of applicant

2. ☐ I intend to act as a general contractor or principal employer. Applicant must either provide a certificate of workers' compensation insurance or sign the affidavit below.

.....
Affidavit

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he/she engages in work on the above property in accordance with the Workers' Compensation Act (Chapter 568).

I understand that pursuant to § 31-275 C.G.S., officers of a corporation and partners in a partnership may elect to be excluded from coverage by filing a waiver with the appropriate District Office; and that a sole proprietor of a business is not required to have coverage unless he files his intent to accept coverage.

Signature of applicant

Subscribed and sworn to before me this _____ day of _____, 200__.

(Notary Public/ Commissioner of the Superior Court)

TO CONTRACTORS:

CT. General Statutes (effective January 1, 2005):

§20-338b Building permit applications. Who may sign.

Any licensed contractor who seeks to obtain a permit from a building official may sign the building permit application personally or delegate the signing of the building permit application to an employee, subcontractor or other agent of the licensed contractor, provided, the licensed contractor's employee, subcontractor or other agent submits to the building official a dated letter on the licensed contractor's letterhead, signed by the licensed contractor, stating that the bearer of the letter is authorized to sign the building permit application as the agent of the licensed contractor. The letter shall not be a copy or facsimile, but shall be an original letter bearing the original signature of the licensed contractor. The letter shall also include:

1. The name of the municipality where the work is to be performed;
2. The job name or a description of the job;
3. The starting date of the job;
4. The name of the licensed contractor;
5. The name of the licensed contractor's agent; and
6. The license numbers of all contractors to be involved in the work.

Letter of Authorization

To the Town of Brookfield:

I hereby declare the following:

1) That I am the owner of the premises described as follows:

_____	_____	_____	_____
Street Address	City	State	Zone

2) That I, _____, as homeowner will act as general contractor.

OR

That _____ is duly authorized for and on behalf of the owner to execute an application for building permits to enable him/her to obtain permits to complete construction of the following work:

3) That _____ is hereby designated as the owner's representative with whom all town departments may deal with in respect to the work involved.

Date: _____

Owner: _____
Print Name Signature

Address: _____ Permit No. _____

**Town of Brookfield Building Department
Calculations for Combustion Air**

This form must be filled out for all of the following Permits:

1. All new homes
2. All finished basements
3. All boiler, furnace, and water heater replacements

What is the total combined gross btu ratings of all appliances located in the boiler room or rooms?

What is the volume of this room? (length x width x height) _____

Does the volume equal more than 50 cu. ft. for each 1,000 btu's of combined appliance ratings?

If it does, combustion air is not required.

If it is less than 50 cubic feet for each 1,000 btu's of combining rating, combustion air is required.

How will compliance with combustion air be achieved? Check one below.

- a.) interior air _____
for interior air, what is the volume of the room the air is being taken from _____
- b.) air directly from the exterior of the building thru screened openings _____
- c.) air directly from the outside thru horizontal ducts _____

What is the calculated size of each opening? _____

Where will each opening be located? _____

Copies of your calculations must be submitted to the Building Official

I attest that I have done the above required calculations based on Chapter 20 of the 1995 CABO Mechanical Code

Signed _____

Printed Name _____

Company _____

What is the total gross btu ratings for all fuel burning appliances?

Example:	2 furnaces at 100,000 btu's =	200,000 btu's
	1 water heater at 85,000 btu's =	85,000 btu's
Total		285,000 btu's

How many cubic feet are contained in the room that the appliances are located?

Example:

The room is 40 feet long by 28 feet wide by 7 foot 6 inches high.
This equals 8,400 cubic feet.

The code requires a room to be 50 cubic feet for each 1,000 btu's of appliances.
So, in the above illustration, we have 285,000 btu's, so we would need 50×285 or 14,250 cubic feet.
So, for the above example, the room the boiler is in would be defined as a confined space, so we would need to introduce Combustion air.

Where we get the air for combustion will determine what size openings are required.

If we are getting the air from an interior space we will need 1 square inch for each 1,000 btu's of combined rating. For the above example, we will need each opening to be 285 square inches. One opening within 12 inches of the ceiling and one opening within 12 inches of the floor.

If we are getting air directly from the outside through louvers, we will need 1 square inch for each 4000 btu's. This will require 72 square inches but the code has set 100 square inches as the minimum size opening for combustion air. So, we will require 2 openings 100 square inches each located as above.

If we are getting air from the outside through horizontal ducts, we will require 1 square inch for each 2000 btu's. So, for the above example, we will require 2 openings, each opening to be $285 \div 2 = 143$ square inches located as above.

Remember, if an interior source is being used, the space we are getting the air from must meet the 50 cubic feet for each 1000 btu's rule also. The size of the boiler room can be combined with the size of the room that the air is being taken from to achieve this volume. All calculations must be approved by the Building Official.

Section 710

Opening obstructions

Metal louvers free air is 75%.

Wooden louvers free air is 25%.

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

TAX COLLECTOR

_____ Approved _____ Denied

_____ Date _____

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date ____/____/____	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E) <input type="checkbox"/> Plumbing (P) <input type="checkbox"/> Mechanical (M) <input type="checkbox"/> Other (O) (See item 9)	Is Owner Applicant (Y/N)
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1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Other (O)		

2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address		City State Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____ ADDRESS _____ PHONE NO. _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE NO. _____

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE: ASSEMBLY <input type="checkbox"/> THEATRE (1) <input type="checkbox"/> NIGHT CLUB (2) <input type="checkbox"/> RESTAURANT (3) <input type="checkbox"/> CHURCH (4) <input type="checkbox"/> OTHER ASSEMBLY (5) <input type="checkbox"/> BUSINESS (6) EDUCATIONAL <input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8) FACTORY <input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11)				INSTITUTIONAL <input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14) <input type="checkbox"/> MERCANTILE (15) RESIDENTIAL <input type="checkbox"/> HOTEL, MOTEL (16) <input type="checkbox"/> MULTI-FAMILY (17) <input type="checkbox"/> BOCA TWO FAMILY (18) <input type="checkbox"/> CABO TWO FAMILY (19) <input type="checkbox"/> BOCA SINGLE FAMILY (20) <input type="checkbox"/> CABO SINGLE FAMILY (21) STORAGE <input type="checkbox"/> MODERATE HAZARD (22) <input type="checkbox"/> LOW HAZARD (23)				<input type="checkbox"/> OTHER (24) PARKING GARAGE CARPORT MOTOR FUEL SERV. REPAIR GARAGE PUBLIC UTILITY HPM
Plan Number		IMPROVEMENT TYPE: <input type="checkbox"/> NEW CONSTRUCTION (1) <input type="checkbox"/> ADDITION (2) <input type="checkbox"/> ALTERATION (3) <input type="checkbox"/> REPAIR / REPLACEMENT (4) <input type="checkbox"/> DEMOLITION (5) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> FOUNDATION ONLY (7) <input type="checkbox"/> CHANGE OF USE ONLY (8)								
Structural (check that applicable) Frame <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)				Exterior (Check those applicable) Walls <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)						
Are any structural assemblies fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Street Frontage (Feet)		Stories (Number)		Lot Area (Sq. feet)						
Front Setback (Feet)		Bed Rooms (Number)		Building Area (Sq. feet)						
Rear Setback (Feet)		Full Baths (Number)		Parking Area (Sq. feet)						
Left Setback (Feet)		Partial Baths (Number)		Living Area (Sq. feet)						
Right Setback (Feet)		Garages (Number)		Basement Area (Sq. feet)						
Height Above Grade (Feet)		Windows (Number)		Garage Area (Sq. feet)						
New Residential Units (Number)		Fireplaces (Number)		Office/Sales (Sq. feet)						
Existing Residential Units (Number)		Enclosed Parking (Number)		Service (Sq. feet)						
Elevators / Escalator (Number)		Outside Parking (Number)		Manufacturing (Sq. feet)						
Est. Start ____/____/____		Est. Finish ____/____/____		Building Est. Value \$						

6. ELECTRICAL PERMIT APPLICATION

Electrical Work ☐ Yes ☐ No

Total Service ____ AMPS		Number of Circuits: 2 WIRE 3 WIRE 4 WIRE		Number of Service Outlets: 110V 220V			
POWER DEVICES		No.	OUTPUT/LOAD	POWER DEVICES		No.	OUTPUT/LOAD
1			7				
2			8				
3			9				
4			10				
5							
6				Total Number of Motors			
Utility Service Revisions:							
Est. Start ____/____/____		Est. Finish ____/____/____		Electrical Work Est. Value \$			

7. PLUMBING PERMIT APPLICATIONPlumbing Work ☐ Yes ☐ No

Enter the Number of Fixtures Being Installed, Replaced or Repaired					
Tubs/Shower		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Standpipes (Y/N) (Number Hose Outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y/N) (Number of Heads)	
Garbage Disposals				Lawn Sprinklers (Y/N) (Number of Heads)	
				Total Fixtures	
Public Water (Y/N)		Public Sewer (Y/N)			
Water Service Size _____ IN.		Water Meter Size _____ IN.		Avg. Daily Water Use _____ GPD	
Utility Service Revisions:					
Est. Start ____/____/____		Est. Finish ____/____/____		Plumbing Work Est. Value \$	

8. MECHANICAL PERMIT APPLICATIONMechanical Work ☐ Yes ☐ No

Enter Number of New or Replacement Units					
Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	
Utility Service Revisions:					
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Electric (3) <input type="checkbox"/> Coal (4) <input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)					
Est. Start ____/____/____		Est. Finish ____/____/____		Mechanical Work Est. Value \$	

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type:		
Description of Work:		
Est. Start ____/____/____	Est. Finish ____/____/____	Est. Value \$

10. SITE PLAN

(Show lot lines, easements and work layout and dimensions)

A large grid of graph paper for site plan drawing. The grid is composed of 20 columns and 20 rows of squares. Each square is further divided into a 4x4 sub-grid of smaller squares, creating a total of 160x160 small squares. The grid is used for drawing lot lines, easements, and work layout with dimensions.

SCALE = 1 Inch = _____ FEET

11. DATA ENTRY

Application Received: / /

By: _____

Application Reviewed: / /

By: _____

Data Entry: / /

By: _____

12. FLOODPLAIN EVALUATION

FLOOD MAP NUMBER & DATE _____ LOWEST FLOOR ELEVATION _____

FLOOD ZONE _____ BASE FLOOD ELEVATION _____

13. ZONING PLAN EVALUATION

ZONING DISTRICT _____ MAP NUMBER _____

LOT AREA (From Page 2) _____ LOT COVERAGE (%) _____

LOT AREA PER ROOM _____ ENCROACHMENTS _____

OFF STREET PARKING SPACES, REQUIRED _____ PROVIDED _____

LOADING SPACE _____

SIGNS; NUMBER _____ SIZE OF EACH SIGN _____

PLANNING COMMISSION APPROVAL REQUIRED _____

BOARD OF ZONING APPEALS APPROVAL REQUIRED _____

14. PLAN REVIEW RECORD

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
		\$					
TOTAL		\$	TO BE ENTERED ON PART 18				

15. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				

16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

17. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

18. VALIDATION

Building Permit	Date	Number	Permit/Insp. Fee
Electrical Permit	Date	Number	Permit/Insp. Fee
Plumbing Permit	Date	Number	Permit/Insp. Fee
Mechanical Permit	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
Plan Review Fee (From Part 14)			
Certificate of Occupancy Fee			
Other Fee			
TOTAL FEES			

Prepared By: _____ Date: _____

Approved By: _____ Title: _____

TOWN OF BROOKFIELD

LIMITATION OF APPEALS ON CERTIFICATES OF ZONING COMPLIANCE

1. **Procedure:**

The following procedure is in accordance with changes to §8-3 of the CT General Statutes effective 10/1/03:

Should an applicant wish to *limit the time period of any appeal* by any aggrieved party to the granting of a Certificate of Zoning Compliance to thirty (30) days from the date of a legal notice of the granting of such a certificate, the applicant may elect, at his discretion and expense, to provide legal notice in a newspaper with substantial circulation in the municipality.

I such notice is **not** provided, an appeal could be filed by any aggrieved part at any time subsequent to the issuance of the certificate.

SAMPLE LEGAL NOTICE

LEGAL NOTICE

A Certificate of Zoning Compliance has been issued to me by the Town of Brookfield for land and buildings located at _____
(street address)

to be used for the following purpose(s):

(state the "permitted use" and brief description of activity)

Any party aggrieved by this action may file an appeal with the Brookfield Zoning Board of Appeals pursuant to §8-7 of the CT. General Statutes.

Signed: _____, Certificate Holder.

2. **Applicant's Intent:**

☐

I do **NOT** intend to provide a legal notice

☐

I do intend to provide legal notice and will provide a copy of such notice to the Brookfield Land Use Office for filing within the application file.

(applicant's signature)

(date)

BROOKFIELD WATER POLLUTION CONTROL AUTHORITY

100 Pocono Road, Brookfield, CT 06804 (203) 775-7319 Fax (203) 775-2614

☐ CHANGE OF OCCUPANCY ☐ TENANT FIT-UP ☐ ADDITION/RENOVATION

IS PROPERTY CONNECTED TO SEWER?

- ☐ YES
☐ NO (NO ACTION REQUIRED)
☐ UNSURE (CHECK WITH W.P.C.A. OFFICE)

LOCATION OF PROPOSED BUSINESS/RENOVATION

_____ UNIT # _____

TYPE OF OPERATION:

- ☐ FOOD PREPARATION
☐ FOOD SALES
☐ HAIR CARE
☐ PHOTOGRAPHY
☐ VEHICLE REPAIR
☐ HAZARDOUS CHEMICALS
☐ MANUFACTURING
☐ OTHER (PLEASE LIST) _____

ESTIMATED WATER USE PER DAY IN GALLONS _____

NUMBER OF EMPLOYEES, FULL TIME _____ PART TIME _____

HOURS OF OPERATION _____ TO _____ # OF DAYS PER WEEK _____

PREVIOUS TENANT OR BUSINESS _____

PRINTED NAME OF PROPERTY OWNER _____

PROPERTY OWNER'S SIGNATURE _____ DATE _____

CONTACT NAME _____ PHONE # _____

W.P.C.A. SIGN OFF: ☐ APPROVED ☐ DENIED ☐ OTHER

COMMENTS _____

W.P.C.A. SIGNATURE _____ DATE _____

Contacted by: _____ Date: _____ via: _____
Contacted by: _____ Date: _____ via: _____
Contacted by: _____ Date: _____ via: _____